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Substitute for form 1449/PTO			Application Number			10/578,540						
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Filing Date First Named Inventor Art Unit			May 4, 2006					
							Leon Axel					
							2817					
(use as many sheets as necessary)					Examiner Name			Kimberly E. Glenn				
Sheet		1	of 1			Attori	ney Do	cket Number	35836/US/2 - 475396-00176			
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*Examiner Initials	Cite No.	DOCUMENT NUMBER Number - Kind Code (if known)			Publication Date MM-DD-YYYY		Name of Patentee or Applicant of Cited Document		Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear			
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		OTHER DOCUMENTS - NON-	-PATENT LITERATURE DOCUMENTS				
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EXAMINER SIGNATURE /Kimberly Glenn/		GNATURE /Kimberly Glenn/	DATE CONSIDERED 08/17/2007				
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